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OCT 27 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|----------------------------------|---------------------------|
| Applicant(s): Beshai | |
| Application No.: 09/748,848 | Group Art Unit: 2681 |
| Filed: 12/28/2000 | |
| Title: Global Distributed Switch | Examiner: BOB A. PHUNKULH |
| Attorney Docket No.: 120-358 | |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 CFR 1.111

Dear Sir:

In response to the Office Action of August 26, 2004, please amend this application as shown on the attached sheets.

Amendments to the claims begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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Assistant Commissioner of Patents

December 27, 2000



f) Our cheque No. 008674, Patent Application Fee Determination Record PTO/SB/06 and Fee Transmittal Form PTO/SB/17, covering:

| | |
|------------------------------------|-------------------|
| Filing Fee | \$710.00 |
| Recording of Assignment | \$ 40.00 |
| Total Number of Claims: 34 | |
| Claims in excess of 20 (14 @ \$18) | <u>\$252.00</u> |
| Total | \$1,002.00 |

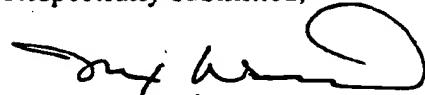
The applicant/inventor(s) qualify for large entity status.

Priority is claimed in the Declaration/Power of Attorney on Canadian patent application No. 2,293,920 filed December 31, 1999. A certified copy of the Canadian priority application as filed is attached.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Account No. 19-5113.

Please note that the address of the agents for the applicant in this matter should be the Montreal address identified in the enclosed Declaration/Power of Attorney. Correspondence may be directed to Max R. Wood at the Montreal address of Swabey Ogilvy Renault.

Respectfully submitted,



A handwritten signature in black ink, appearing to read "Max R. Wood".

Max R. Wood
Reg. No. 40,388
Agent of Record
Encls.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/748848

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 34 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 34 minus 20= | 14 |
| INDEPENDENT CLAIMS | 1 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|---|------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 21 | Minus 34 | = - |
| Independent | 7 | Minus 3 | = 4 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|---|------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | = |
| Independent | | Minus | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|---|------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | = |
| Independent | | Minus | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9= | | OR X\$18= | 142.50 |
| X40= | | OR X80= | 0 |
| +135= | | OR +270= | 0 |
| TOTAL | | OR TOTAL | 962 |

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | 240 |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | 352.00 |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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